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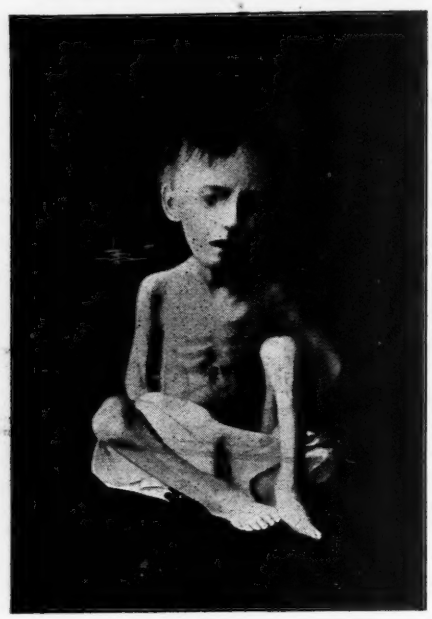

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After Virol.

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THE MEDICAL JOURNAL OF AUSTRALIA.

VOL. I.—3RD YEAR. SYDNEY: MAY 20, 1916. No. 21.

An Address.

DELIVERED TO THE OFFICERS OF THE AUSTRALIAN IMPERIAL FORCE

By Richard Arthur, M.D., M.L.A.,
Sydney.

You may wonder why I should have sought to take you away from your military duties to listen to certain things which I have to say on subjects which may seem irrelevant to you, as they deal with medical, psychological and ethical matters.

I can assure you that I would not so intrude did I not think that the matter I have in hand is one of national and critical importance, and is well worthy of your earnest attention. The responsibility of the officer for the morale of the men is well recognized. To you is handed over the raw material, and you, with your non-commissioned officers, have to fashion this material into the disciplined and efficient soldier. This necessitates not only his instruction in drill, but a constant vigilance over every phase of his life. To him you should be not only instructor and leader, but parent and teacher. Nothing that concerns his physical, mental or moral welfare is alien to you.

This being so, you are at present confronted with a tremendous problem in military efficiency by the prevalence of venereal diseases among the recruits. It is difficult to over-estimate the injury that is being done to the Australian Imperial Force, both in Australia and in Egypt, from this cause. Numbers of men have been either temporarily or permanently disabled by syphilis and gonorrhœa, and their cost to the Commonwealth—for which no return whatever has been received—amounts to a huge sum. And there is the further lamentable aspect of the case that men from the backblocks of Australia, who, had there been no war, would never have become infected, will now return home and carry infection far and wide, with disastrous results to the next generation. The consideration of these facts induced me, as I had made a study of the subject for many years, to offer my services to the Defence Department, with the object of giving addresses to the recruits, and I am pleased to say that the Honourable the Minister promptly and gladly accepted this offer.

And, at the beginning, I wish to enlist the sympathy and co-operation of the officers with my task.

Now, into this problem we want and must endeavour to bring some clear and logical thinking and face the facts, not dodge them, as it is alleged to be a British characteristic to do.

Let me state, then, the question:

Must our soldiers have sexual intercourse?

Is promiscuity, with all its attendant evils, inevitable?

Let us assume that the average young man cannot practice continence, but must have regular indulgence. If we postulate this—that an army is impossible without systematic prostitution, then the military authorities must recognize this fact, and seek for remedies to minimize as far as possible the inevitable concomitant—venereal disease.

The measures proposed are directed either to the man or to the woman. It is urged on one hand that all soldiers should be supplied freely by the authorities with so-called preventives, and should be carefully and systematically instructed in the use of them They are to be given a packet containing a condom, a tube of mercury ointment, a powder to make an antiseptic wash, a syringe, and a leaflet of instructions. Immediately after intercourse they are to set about using all these things.

It is claimed that the results of this have been very remarkable in the German and Japanese armies and navies. Now, is it probable that similar results would be forthcoming among our Australian soldiers?

I venture to doubt it. They are not under the same heavy-handed discipline as the German soldiers are, and I believe that a large proportion of the venereal infections among our men takes place when they are under the influence of drink; when all thoughts of caution have been thrown to the wind; nor do I think that many medical men would be willing to spend their time in giving instruction to men individually, for to be any good it would require to be thorough.

Further, there is the more serious objection that if the powers that be sanction and tacitly give their approval of illicit intercourse by providing means to carry it out with a guarantee of immunity from physical consequences, it not only encourages men to indulge who might otherwise refrain, but it robs any appeal to their higher instincts of all its force, and makes it a hypocrisy and a farce.

On the other hand, it is sometimes maintained that it is the duty of the authorities to provide what are called "clean women" for the use of the troops. It has been held that, by medical inspection of prostitutes, those diseased can be segregated and so prevented from communicating the malady they are suffering from.

This is a century-old controversy, but the modern trend of expert opinion is to the effect that the system known as "regulation" has failed in what it was intended to do. This view has become more and more prominent at the last two International Conferences on the suppression of venereal disease, and in the latest book on the subject by Abraham Flexner, who was sent by the American Bureau of Social Science to investigate the problem in Europe, the writer, after a most exhaustive investigation, comes to the conclusion that, as carried out in France and Germany, regulation is of little or no value as a hygienic measure. It is recognized that, to be effectual, every city would require a large staff of medi-

cal experts, microscopists, bacteriologists, and pathologists, and that daily examination of the women and of their clients would be necessary. It is admitted that even then certain cases would escape the medical scrutiny, while the whole problem of clandestine prostitution—wherein lies the greater danger—would remain untouched. Here again the guarantee of a delusive immunity by the State, with consequent slackening of moral authority, comes in as a factor in intensifying the evil. Now, I am prepared to push this argument of the unavoidable necessity of having "clean women" for the troops to its logical conclusion. If the men must have sexual gratification, and must have untainted partners, then is it not the duty of the State and Empire to ensure that they get them? If this be admitted, then I can see no escape from the position that virgins should either come forward voluntarily or should be conscripted for the sake of the Empire and of the future of the world. Are we prepared to urge our sisters or our daughters to take upon themselves this self-sacrificing duty, and give their virtue for their country, as the men give their lives? It is said that the Countess Wolaski was implored by the leading men of Poland to make this sacrifice, in order that Napoleon might be conciliated, and that Japanese girls become prostitutes for a time, to help their parents. And we should have to ask not only that they should give themselves up here, but that they should accompany the troops to Egypt, where even worse risks to the men are to be met with.

The mere statement of such an argument may seem to you to be a gross and unjustifiable insult to our womanhood, but I am simply seeking to prove to the upholders of the "necessity for clean women" doctrine to what conclusion their contention can logically be carried.

I myself am not prepared to subscribe to this doctrine, which is one of negation and pure pessimism as regards human nature. Nor do I admit the assumption that the sex instinct cannot be controlled. The claim that the impulse is irresistible in civilized man is not true. If it were, rape and other sexual offences would be common, and could not be regarded as crimes.

Even in savage races promiscuity is not the rule, and sexual intercourse is controlled by taboos. It has been left to the German army to revert to the sexual bestiality of the ape and the cave man, and I only hope that I am not doing the ape an injustice by comparing him to the Prussian officer. All authoritative medical opinion proclaims that continence for a prolonged period is not only possible, but that no injurious effects whatever result from it. It is the rule for thousands of the manliest of our young men, and in the Catholic priesthood is found a class of men, who, I am convinced, carry out rigorously their vows of celibacy. I would not seek to minimize in the least the strength of the sex instinct. It is folly to ignore the existence of this natural impulse in every healthy, normally-constituted young man. But I am equally convinced that we have reached a stage in our ethical and social evolution when, if certain motives be called into action, and certain agents which lessen or paralyse the inhibitory influence of reason and social morality be removed, the average man can, without insuperable difficulty, call his passions to heel.

If this be true in times of peace, it is even more so in war time, when a stronger case can be made out for the necessity of self-control.

It must be admitted that, strong as the sexual instinct is, it is no more strong than that other great natural instinct, the instinct of self-preservation. This "will to live" regulates men's actions in ordinary life. They cling to life under conditions in which it would seem that death would be welcome. But we constantly find that this instinct of self-preservation is dominated by a higher and more altruistic motive. Take the famous British tradition of "Women and children first." From the *Birkenhead* to the *Titanic* and the *Lusitania* the rule has been that no man except the crews shall enter the boats until all the women and children have been provided for. Be he millionaire or pauper, man of world renown or unknown wastrel, he subscribes cheerfully to the last great sacrifice he is called upon to make. Truly death is swallowed up in victory—the victory of the human spirit over itself!

But we have not to go so far to find an example of this self-sacrifice. Is it not everywhere around us in these brave Australian men who have given up their comforts and pleasures and prospects in life, and are prepared to face privations and suffering, disease, disablement, and it may be death, for the sake of an ideal? I do not say that the ideal is always present, or that it is always conscious, but I do believe from my heart that the great majority of the men who enlist are influenced by motives of patriotism and loyalty, which are of the purest character.

Now, let us wander for a little into the bye-way of psychology, and seek to ascertain the reasons which prompt these men to enlist. I have attempted to classify them as follows:—

(1) Those who join for the pure love of change and adventure.
(2) Those who are actuated by feelings of duty and patriotism.
(3) Those whom the pressure of public opinion or the example of others forces into the ranks.

There are also some who join from purely ignoble motives, but they need not be considered.

With regard to the first class, there are few, if any, in camp in Australia at present; they heard the "call" fifteen months ago, and it was music to their ears! They are to-day holding trenches, with dauntless courage, at Anzac, or lying in hospital or under the earth, and, for good or ill, they have passed beyond our reach, so we need not concern ourselves with them.

With class two it is very different. They form, I believe, the vast majority of those who are now preparing to go to the front. They have no inherent delight in adventure or danger; in fact, many of them would never have, under ordinary circumstances, chosen the life of a soldier. Their interests lay in altogether other directions, and no glamour whatever attaches itself in their minds to war and

the results of war. They have read almost daily the long casualty lists, and they have seen their predecessors come back maimed and shattered from the front; and they know well by now what life in the trenches means, the hideous privations and suffering it entails. So they are under no illusions to rouse them to a white heat of enthusiasm. But in place of this is a cold, steely determination, which is the most lasting, and therefore the most valuable quality in a soldier, and makes him almost invincible. If a man, from motives of patriotism and duty, has brought his will-power to overcome natural inclination against, or it may be inborn shrinking from discomfort and danger, he is one of whom an enemy may well be afraid.

Of the third class there are bound to be representatives in every camp. They would probably remain at home were they not influenced by what is known as the "herd instinct." They have little individuality, and so they take the path of least resistence. Enlisting is, so to speak, in the air, and so they enlist. This does not mean that they do not make excellent soldiers, only that they are highly amenable to public opinion in all phases of life, and can be influenced for good or evil by comrades with a more marked individuality. Now, the members of both these classes have probably, in most cases, no very definite ideas on the subjects of sex morality. They hold the unexpressed opinion of their age and class, that illicit sex intercourse is a thing to be obtained when possible. They know little or nothing of the risks attached to it; they have never had an ethical aspect of the subject presented to them, and they share the current opinion that, "having had a woman" is an initiation into manhood. To many they simply stand for the "average sensual man," on whom warnings, exhortations and appeals are thrown away. Now, while I am prepared to admit that this may be true of some, I must emphatically deny that it is true of the majority. We are not here dealing with the average man, but with one who, by his actions, have proved that he has reached a higher and more excellent plane of manhood.

The young man who, by deliberate choice, has overcome the fear of hardship and possible death, may, and in many cases will, go further, and subordinate his other natural instincts and desires to the demands of discipline and patriotism. Lay before him clearly and frankly the dangers of illicit intercourse; inform him of the hideous effects of venereal disease, not only on himself, but on his future wife and children; point out to him how thousands of his predecessors—who were equally as anxious as he is to strike a blow for the Empire and for liberty and justice—have spent the time they should have been in the trenches with their comrades, in detention hospitals; emphasize the ignominy of being returned to Australia, not to receive the welcome and applause of their friends and admirers, but to be rushed off to a venereal compound —there to fret out their long days in vain regret.

And, lastly, appeal also to the inherent chivalry which lies latent, I believe, in nearly every man, and urge him not to injure or degrade any woman by word or deed. Ask him, were he marching through the conquered country of an enemy, would be feel free to act as the Germans have done in Belgium, and ravage and outrage as he went? He would answer indignantly that he would scorn so to do, however often and freely the opportunity might offer. Then put it to him, why should he take advantage of innocent girls in his own country, or force fallen women still lower in the scale of degradation by his own action, and he, in many cases, will respond to the strength of the appeal.

Now, it may be replied to me that it is pure assumption on my part that any good can accrue from such warnings and appeals, and that I am deluding myself as to the possibilities of human nature. If I am, then I share the same delusion as Lord Kitchener, who, when Commander-in-Chief in India, issued an appeal to the army there on this subject, of which the following is an extract:—

> "It is therefore all the more necessary that those who are serving their country should exert to the utmost those powers of self-restraint with which every man is provided, in order that he may keep his appetite in proper control.
>
> "Every man can, by self-control, restrain the indulgence of those imprudent and reckless impulses that so often lead men astray, and he who thus resists is a better soldier and a better man than the man of weak will, who allows his bodily appetites to rule him and has not the strength of character to resist temptation and to refuse to follow any bad example he may see before him.
>
> "If a man becomes inefficient through venereal, it is discreditable, and even dishonest, that by contracting through self-indulgence a disease which he can avoid, a man should render himself incapable of doing that work for his country which he enlisted to do."

And the naval and military medical witnesses before the Royal Commission on Venereal Diseases in England all testify that a lessening of the amount of venereal disease in the forces has come about as the result of warnings and appeals made to the men.

And practically all the speakers at the discussions on the dangers of syphilis and the question of State control at the International Congress—most of them men with world-wide reputations—while condemning regulation, urged the necessity of instruction, warning and moral appeal. I say, therefore, that this method is well worth a trial in seeking to combat the plague of venereal disease in the Australian Imperial Force. Knowledge of the existence of syphilis and gonorrhœa, and the nature of their consequences, should be given to all recruits, especially those lads from the country districts. But, and I insist with all the force at my command on this, along with the scientific information should go the appeal to duty, patriotism and chivalry, which, to my mind, is by far the most potent argument with the finer types of character. I believe I am not too optimistic in asserting that the results of this may make us realize that there are heights in human nature that we had not dreamed of.

To this appeal must be added another—to abstain from intoxicants. All medical men know that drink and venereal disease go hand-in-hand; alcohol rouses sexual desire and lessens or abolishes self-restraint. The soldier, for the sake of efficiency, is called upon to be an abstainer for the period of the war. He is

called to this by the example of His Majesty the King and of Lord Kitchener. And I make bold to say that especially is the obligation laid on all officers to follow this example; and the elder men among the recruits should be put on their honour to try and keep the lads out of temptation and make the spirit of the camp one opposed to drinking and sexual indulgence. These men, as also the non-commissioned officers, have great opportunities for good, as they have also for harm. Let them set a standard of manly and cleanly living, and the younger men will, for the most part, conform to it, and be proud to do so.

Finally, I would say that I do not look for impossibilities or miracles. Human nature is still human nature, with all its weaknesses and backslidings. Nevertheless, some of it is being sublimated by this fiery furnace of war, and we are justified in making great demands and expecting great things of those who to-day have chosen so splendidly the path of duty.

FORMALDEHYDE IN ETHER.

By **E. H. Embley, M.D.,**
Senior Anaesthetist, Melbourne Hospital; Lecturer in Anaesthetics, University of Melbourne.

It is now well-known that exposure of ethyl ether to air during its manufacture and storage leads to peroxidation and, therefore, to the production of acetaldehyde. Upon this, one is led to expect that similar oxidation processes occur in methyl ether, with the production of formaldehyde. Whether this had already been determined I do not know, no reference in chemical literature being known to me. On the examination of some of the commercial mixtures of ethyl and methyl ether I find it a fact and that both formaldehyde and acetaldehyde are present.

Mixed ethers, consisting of various percentages of methyl dissolved in ethyl ether, were, several years ago, used for anæsthetic purposes, largely to the exclusion of the pure ethyl ether, the mixed ether then being regarded as the better agent. The popular brands of that period are still to be found on the local market. Methylated ether, the commercial name for ether from partially denatured alcohol (alcohol to which has been added from 2% to 10% of wood naphtha, without pyridine, bone oil or mineral naphtha), has not, I believe, been used for anæsthetic purposes in Australia. This is chiefly because rectified ethyl ether, sp. gr 0.720, was, prior to the commencement of the present war, imported from countries where excise-free alcohol was available for chemical manufacture. It was thus to be had at a cost less than that of methylated ether. Since the war began our Excise Department has wisely conceded to chemists the privilege of excise-free alcohol for chemical manufacture, so that we have Australian-made ethyl ether at reasonable cost, in marked contrast with that of the British-made article prior to the incidence of the recent concession of the Excise Commission. The high cost of British-made pure ethyl was then due to excise being exacted upon the alcohol used in its manufacture.

Regarding ethyl ether, the grosser impurities of the crude product should not be found in the rectified, owing to their elimination by the procedures entailed in rectification. Of the other impurities, acetaldehyde is the only one about which the anæsthetist has any concern. The concentration of this aldehyde increases with age and exposure of storage and use. Some makers vainly endeavour to obviate oxidation by the addition of small percentages of dilute ethyl alcohol. I have found acetaldehyde present in each of the various brands of anæsthetic ether on the market here. Samples of Australian-made ethyl ether taken from the market, however, were almost entirely free from it, due to being very recently and evidently carefully made. They are, in fact, the purest anæsthetic ethers that I have found on the Australian market.

As regards the methyl and ethyl ether mixtures and the methylated ether, the formaldehyde content, like the acetaldehyde, appears to increase with age and exposure. Should there be anæsthetists at the present time still preferring any of such ethers for anæsthesia, they should be assured that it has been recently made or rectified. Though it is doubtful whether the concentration of formaldehyde in the recently-made article ever reaches such a degree as to endanger the safety of a patient, either during or after anæsthesia, the old and exposed article is not above suspicion.

The mixed ethers possess no advantage over ethyl ether, but the disadvantage of having formaldehyde as an impurity, formaldehyde being more noxious than acetaldehyde. Hence, on this basis alone, their employment is not justified.

For anæsthetic purposes, I think there can be no doubt that recently-made, rectified ethyl ether alone should be used.

OIL ETHER ANÆSTHESIA.

By **Llewellyn Lambert, M.D., M.S. (Melb.),**
Honorary Surgeon to Out-Patients, Melbourne Hospital,
and
M. R. Hughes, M.B., B.S.,
Resident Medical Officer, Melbourne Hospital.

The production of anæsthesia by the introduction of an oil ether mixture into the rectum is a procedure which we think is deserving of more attention from the profession than it has yet received. The older methods of inducing anæsthesia by the rectal route, *viz.*, by pumping in ether vapour and the use of a solution of ether in saline were soon abandoned, on account of the marked irritation caused in the bowel, but the mixture of oil and ether devised and recommended by Gwathmey seems to be almost free from this disadvantage.

In our series of cases there has been only one in which diarrhœa with mucus and some straining occurred after operation. The rest have had practically no abnormal rectal sensations. The advantages of the method are many. In head and face operations, the desirability of having the anæsthetist out of the field of operation is obvious, both from the point of view of comfort in operating and of

asepsis. In exophthalmic goître, where it is so important to avoid the influence of fear, the patient may have the bowel washed out for two or three mornings before operation, and, if the oil ether mixture be injected quietly, he will be asleep without realizing that anything untoward is happening. In country practice, too, where assistance is often limited, it will give the operator the help of a skilled assistant while a nurse looks after the patient's respiration, and, if necessary, gives a little extra ether on a mask.

The setting of fractures and dressing of severe burns and lacerations are other emergencies in which we have tested the merits of the method.

The mode of administration is as follows: First the lower bowel is thoroughly washed out with plain water until clean. Care must be taken to see the fluid is not retained. Half an hour before the ether is given, the patient receives a hypodermic injection of ¼ grain of morphine and $^1/_{150}$ grain of atropine. The ether mixture consists of six ounces of ether and two ounces of olive oil, which should be kept separate until required for use and then thoroughly mixed by shaking in a large bottle. With the patient lying on the left side, the mixture is slowly introduced by means of a funnel and small catheter. On withdrawing the catheter, firm pressure is made on the anus by a rolled-up bandage, kept in place by an ordinary T bandage, and the room is then kept dark and quiet. Analgesia appears in from fifteen to thirty minutes, and surgical anæsthesia may be expected in from thirty to forty-five minutes, as a rule. If it be delayed a little, ether by the open method usually soon completes relaxation. We have followed Gwathmey's dosage—one ounce of the mixture to each twenty pounds of body weight, the usual maximum dose to be eight ounces; but in several alcoholic patients, who manifested a stage of excitement, we have given a second injection, even up to sixteen ounces altogether with nothing but satisfactory results. At the completion of the operation the bowel is again washed out.

The duration of anæsthesia by this method varies with the patient's habits, bodily condition and idiosyncrasy. In several women there was complete relaxation up to three hours after administration, yet we have seen no case in which there was any respiratory failure, or in which the depth of anæsthesia gave the least cause for alarm.

Reports of Cases.

A CASE OF LEPROSY IN A TROOPER OF THE 1st (N.Z.) EXPEDITIONARY FORCE (EX SAMOA).

By **J. T. Bowie, M.B., D.P.H., D.T.M.,**
Clinical Registrar, Otago University Medical School.

G.P., a returned trooper, age 28, came to the Hospital Out-Patient Department on 31st January, 1916, complaining of a skin disease of some eleven months' duration. His history was quite straightforward. He was born in Bombay, India, where he lived until he was 15 years of age. He then went to Edinburgh, and, after 7½ years' residence there, came to New Zealand. He joined the First Expeditionary Force, and was sent to Samoa. He gave a history of an "eruption and sores" all over his body when a child in India. This probably was frambœsia. He also had malaria. He denied ever having had syphilis, and there was no evidence of the disease.

History of Present Illness.—Two months after arrival in Samoa he complained of swelling in his left foot. His toes "turned green," and he was sent to the Main Hospital, where his toes were "lanced" and hot fomentations applied. He was in hospital for six weeks, and was discharged fit for duty. He remained on duty one month, when both big toes "broke out." He was again admitted to hospital, where he remained for five days. He was then sent back to New Zealand. On arrival at Wellington he was able to walk to headquarters. He was allowed two weeks' sick leave. At the end of that time his foot was healed, and he was discharged as medically unfit. He had a holiday for two months, at the end of which time he went back to work as plumber in the Post and Telegraph Department. After a fortnight, one foot ulcerated, and he consulted a medical man. He was subsequently treated by medical men in various parts of the Dominion. The case was evidently diagnosed as chronic lead poisoning.

Examination.—There was no frontal headache, nasal discharge, nor epistaxis. There was no history of chills, nor of undue localized or general perspirations. The facial appearance, however, was arresting. Although he said he did not feel ill, his eyes looked heavy and tired. The skin over his superciliary ridges appeared very slightly nodular, with a suspicion of erythematous blush. The lobes of both ears were faintly pigmented. Over the trunk were numerous areas of eruption, very like a seborrhœa, but not raised above the level of the surrounding skin. There was a little pigmentation towards the periphery of each circle, or segment of circle, of eruption, while the centre was lighter. A history of exacerbations of the erythematous eruption was given. These gradually faded away, but always left the skin in the condition described above. There was no itching. On the extensor surface of the right elbow there was a patch of pigmented skin of a light port wine colour, with two distinct nodules. On palpation, the skin in this region was found to be distinctly thickened. His tongue was moist and slightly coated. Two small nodules were seen in the right margin of the anterior half.

Nervous System.—Reflexes were normal. Epicritic sensations were normal, but there were distinct patches of anæsthesia to pain over the middle third of the forearm, on the radial side of both arms. There was also anæsthesia over both elbows, lobes of both ears, and also a like anæsthesia to pain over the dorsa of both feet, but especially the right.

Blood examination showed a relative lymphocytosis, no excess of white cells, no poikilocytosis, no polychromasia, no punctate basophilia, no nucleated red corpuscles. Blood examination excluded lead poisoning. Late frambœsia was considered, as well as fungoid diseases. Scrapings were taken from the skin, and, on microscopical examination, were found negative.

Clinical symptoms and signs were those of an early leprosy. Smears of nasal mucus were taken. Two small pieces of skin were excised, one from the left ear, the other from the right elbow, and these were reported on by Dr. Champtaloup.

The incubation period in this case is very interesting. Leprosy is endemic in India, as well as in Samoa. If this patient contracted the disease in India, the incubation period would be twelve years at least. In support of a long incubation period, Radcliffe Crocker, in "Diseases of Skin," Third Edition, Second Vol., Footnote, page 835, says, "The longest interval I have met with is eleven years, but Hallopean relates the case of a man in whom the symptoms first appeared thirty-two years after a fifteen months' residence in Martinique." If, on the other hand, he contracted the disease in Samoa, the incubation period is very short, namely, eight weeks. We have no proof, however, that the condition he was first treated for in Samoa was leprosy, but he evidently showed leprous symptoms soon afterwards, and the condition first treated may have been this disease. In support of the short incubation period theory, I quote from Dr. Dyer's paper in Osler and McCrae's "Modern Medicine," Vol. I., page 526: "The period of incubation is too variable to admit of any accurate statement. This period

varies from a few weeks to many years." Castellani and Chalmers, Second Edition, page 1157, quote the well-known experimental case of "Arning's inoculation of a Sandwich Island criminal in the arm with a leprous tubercle." "This man developed a neuritis of the ulnar and median nerves four weeks after the inoculation, a tubercle five months later, the full signs of leprosy two and a half years later, and died a leper six and a half years after inoculation. It is, however, to be noted that he lived in a leprous country, and that there was leprosy in his family, facts which decrease the importance of the experiment."

According to Hansen, the incubation period is three to five years. My opinion of this case is that the disease was contracted in India, and that the incubation period in this case was at least twelve years, although it is possible it might have been found before he went to Samoa, had it been suspected and careful search been made. On the other hand, he was examined before going to Samoa, and passed as fit for military service. His case I believe to be a mixed infection of nodular and anæsthetic types.

Bacteriological Report by Dr. Champtaloup.

Nasal Smears.—Several smears from the nasal mucus were stained by Ziehl-Neelsen's method (10% H_2SO_4). In each of the smears examined, a thorough search revealed here and there single short acid-fast bacilli, which did not lie in relation to any of the cells. In two of the smears, one or more globi or masses of acid-fast bacilli were found. The bacilli composing these globi were granular, this appearance being well seen at the periphery of the globus.

Sections from Skin Nodules.—These were embedded in paraffin, and sections cut and stained with (1) hæmatoxylin and carbol-fuchsin and decolorized by acid alcohol; by (2) hæmatoxylin and van Gieson's method; (3) by Ziehl-Neelsen's method.

The ear nodule consisted of small areas of granulation tissue, separated by a well-defined fibrous stroma, which extended beneath the epidermis laterally for 2.5 mm. by 1.5 mm. deep. At one part a few small groups of cells extended well into the subcutaneous tissue. There was no thinning of the epidermis, and no evidence of endarteritis in the vessels. In sections, counter-stained by van Gieson, a delicate stroma was seen passing in all directions between the cells of the granulation tissue.

Numerous leprosy bacilli were seen throughout the preparation, many of which lay in close relation to the nucleus of the cells, the protoplasm being indifferently defined. The bacilli occurred singly, in pairs, and in small groups, but even in the latter the individual bacilli could be identified.

Elbow Nodule.—The granulation tissue was not so evident in the preparation, but was diffusely scattered in very small collections, or as single cells, throughout a dense fibrous stroma, which extended deep into the subcutaneous tissue. Several capillaries in this preparation showed evidence of endarteritis. The bacilli were less numerous than in the ear nodule, but lay in more compact and denser masses. Isolated bacilli occurred at intervals throughout the section, extending to the prickle cell layer of the epidermis.

Reviews.

THE STUDY OF CHILDHOOD.

The author's purpose to outline the physical and psychical changes of adolescence, and to describe some of the methods of management that should be adopted to combat the dangers of this trying period, should be well served by Dr. Starr's "Adolescent Period."[1] The work is intended for the ordinary reader, and, except in occasional phrases, avoids technicalities, but the physician also will find in it much of value to him, witness the following quotations: "Many of those movements usually attributed to nervousness, such as fidgets in school . . . indicate an abundance of untrained power of intellect, feeling and will." "Even in so simple an act as sitting still, a young child often closes his jaws tight, shuts his fists, holds his breath, and sets all his muscles tense, with an effort great enough to quickly cause fatigue." We should like to hear Dr. Starr describe the effort to write! "The school, too, should protect the young from worries, mortifications and excessive ambition, otherwise it may do harm." Here is one for Woodrow Wilson: "Over-pugnacity is certainly a bad trait, but a cowardly refusal to fight when necessary is worse."

Most of the author's remarks on school children, their work, sport, diet, and routine are excellent, especially the insistence on sufficient rest. "Boys from 12 to 16 require at least 10 hours' sleep," and on the greater care required for girls; but it seems to us harmful to describe a boy who "becomes pale and nervously irritable, sleeps poorly, has little appetite after exertion, suffers from indigestion, rapidly loses flesh, is constantly tired and apathetic, is stupid with his studies," as "overtrained" or "going stale," and requiring a careful "physical director" to shorten or change his exercises, or order a temporary rest. We should suspect some much more serious cause, and recommend the services of a physician. Nor can we agree with him that "the number of juvenile delinquents is constantly growing." The subject matter is irregularly arranged, and the work is disfigured by much slipshod writing and numerous misprints; yet it is redeemed by such passages as those on the "Children's Hour," and on the harmfulness of feminism, and the excellent chapters on Menstruation, and on Sexual Enlightenment, the latter the best account we remember to have read.

[1] The Adolescent Period, Its Features and Management, by Louis Starr, M.D., LL.D., 1915. Philadelphia: P. Blakiston's Sons & Co. Demi 8vo., pp. 221. Price, 4s. 6d. net.

THE FRIENDLY SOCIETIES IN WELLINGTON, NEW ZEALAND.

The Wellington Division of the British Medical Association have directed a letter to the Minister for Internal Affairs, informing him that a further meeting of the Division had been held for the purpose of reconsidering the question of the relations of the Friendly Societies and the medical profession. The decision had been arrived at that the modified terms, which they had agreed to at a conference summoned by the Minister, could not be departed from.

It appears that at the conference referred to all but one of the proposed new clauses, including those dealing with mileage, fees for night visits, etc., had been agreed to by the Lodges. No agreement was arrived at in regard to the question of capitation fee. It will be remembered that the old rate was 15s. The Wellington Division had determined that 24s. was a fair rate, and pressed for this amount. An attempt at compromise was made, and the Division agreed to reduce their demands to 21s. The Lodges, however, refused to pay more than 20s. These proposals were to be temporary, and were to hold good for the duration of the war and six months after the declaration of peace. We understand that the Division was prepared to keep the offer of 21s. open until May 11, 1916. If the Lodges did not accept by that date the Division would revert to its original demand of 24s. At the same time the doctors agreed to attend the wives and children of lodge members serving with the forces at the old rate of 15s. per member per annum.

The Minister has made a suggestion that the payments should be made per visit, and not as a capitation fee. The Division have therefore been requested to consider this point, and if they agree to work under these conditions, to suggest a fee that would be regarded as fair.

"WAR CHEST" DAY.

We have been requested to announce that the Committee of the Citizens' War Chest Fund, New South Wales, have fixed June 30, 1916, for a special effort to obtain funds. It will be known as Button Day. The Committee hope to sell to every man and woman a badge or button at prices varying from 1s. to £1,000. On Button Day, in Victoria, several citizens gave £500 for a button.

The work of the War Chest Organization is being conducted under increasing difficulties. Our soldiers are being moved from Egypt to other places, and consequently the sphere of activity of the Fund in providing comforts and in supplementing supplies is becoming more extended,

The Medical Journal of Australia.

SATURDAY, MAY 20, 1916.

The Preservation of Child Life.

As knowledge is accumulated, a better understanding of antenatal pathology may be achieved, and it may become possible to apply with some degree of accuracy prophylactic measures to the unborn infant, so that its resistance to disease during independent life may be raised and the vast amount of sickness, defect and premature death may be diminished. This study has found a beginning some years back. It is true that the beginning was somewhat empirical, and the cart was placed before the horse, inasmuch as the knowledge of antenatal pathology was scarcely existent when remedies were suggested and applied. Notwithstanding this inverted order, distinct results were achieved. The work of Budin, in Paris, in controlling expectant mothers, and in keeping women with young infants under supervision, resulted in a very distinct lessening of morbidity and mortality among babies. In London the Marylebone and the St. Pancras Schools for Mothers and "Infant Consultations," and in Manchester the School for Mothers, were among the first to follow the lead. In other European countries similar centres, appearing under different names, sprung up in comparatively large numbers, and an unmistakable effect was noted in each instance. In addition, infant hospitals, milk depôts, infant care stations and other institutions, established with the same view, were tried. None of these, however, yielded equally good results. The result of practical experience was that training of girls in the duties of motherhood and in the management of babies, the medical control of pregnant women, especially during the latter months of pregnancy, and the continued supervision of infants during the first year of life, were the most reliable means of improving the health of the child. At the same time, opportunity was offered in these institutions for observing abnormalities, both in the mother and in the infant, and the foundation for a study of antenatal medicine was laid. All these efforts were voluntary at first. More recently they have acquired a semi-official character. We learn from the last Annual Report of the Medical Officer of the Board of Education of England, and also from the Report of the Treasury Committee on Retrenchment in the Public Expenditure, that in their anxiety to save child life, two Governmental Departments and a host of local authorities have collaborated with these voluntary organizations in this campaign. This excess of energy has resulted in overlapping and, it would seem, in a somewhat premature moulding of the form of assistance rendered, before prolonged observation and continued research had cast a reliable scientific foundation on which further progress might be based. There is little doubt that the more elastic voluntary institution is better adapted to the experimental stages of an undertaking of this kind than the official establishment. Government departments are usually in a hurry to show results, and, unless a very firm scientific basis is built upon, the superstructure may not be stable. It is not questioned that "baby clinics," "infant consultations," "maternity centres," "schools for mothers," or by whatever name these institutions may be known, have effected some reduction in sickness and death in infants, but it must not be assumed that this small reduction will lead to the desired improvement. It is necessary to remember that in Great Britain the infantile mortality is still over 100 per 1,000 infants born, and that in Australia it is still about 70. In addition to these lost lives, there are many children who grow up weakly and unresisting. It therefore appears to us to be a wiser policy to encourage medical practitioners to continue the study of the problems involved, unhampered by Governmental control, than to establish and propagate a system of departmental service, more especially if the major part of the work is carried out by nurses who are trained to follow a routine. Above all, it is essential that, while we are acting on a limited knowledge, continued research should be encouraged, in order that real progress may be achieved.

TEMPTING PROVIDENCE.

The Government of Queensland appears to be inclined to run certain risks which cautious hygienists would regard as real. In the year 1912, Dr. Elking-

ton pointed out in his annual report as Commissioner of Public Health, that Queensland was one of the healthiest countries in the world, but since it was threatened from tropical countries with invasion by the causal organisms of exotic diseases, every means at disposal should be employed to keep it healthy. It is scarcely necessary to point out that the presence of the Stegomyia and the large distribution of the anophelines render Queensland more vulnerable, in so far as yellow fever and malaria are concerned, than any other part of the Commonwealth. The connexion with tropical countries is more intimate and closer than that of the other States; the climatic and commercial conditions favour the spread of these diseases if introduced. All authorities are agreed that no maritime quarantine service could suffice to protect the borders of Queensland, unless other means are adopted to supplement and strengthen the hands of the coastal guardians. For some little time the State Cabinet has been engaged in a destructive policy of undoing the protective bulwarks instead of increasing them. One of the latest decisions has been to hand over to the local authorities the work of rat extermination and of mosquito eradication. The Health Department is, so we learn, to retain general control, but experience elsewhere teaches that the moment a Governmental Health Department has to rely on municipal activity for the performance of preventive work, the campaign against disease is arrested. Not enough has been done in the past to free the seaboard towns of rats, with the object of lessening the risk of the introduction of plague, or to clear out the dangerous mosquitoes to check malaria and to shut out yellow fever. Money spent in this direction must be well invested, for the healthy Queensland of to-day may become a hotbed of disease next year, and all the wealth inherent in the fertile land would then count as nought. Moreover, if deadly disease became rampant in Queensland, the essential means of attempting to cope with it would be far more costly than a campaign inaugurated and followed up during a period of immunity.

Among the inexplicable actions of the State Government, the abolition of the Northern Sub-Office in Townsville may be singled out as being the most adventurous. This office was established in 1912, and a medical inspector was placed in charge, for the purpose of taking over the administration of health matters in the northern parts. It was felt that the great distances lent additional difficulties to the Commissioner of Public Health, and, consequently, a sort of branch office for the north was constituted, under a medical officer who was given discretionary power to act under certain conditions and limitations. The administration of the Health Acts became a practical problem, and the safeguards, which the community had a right to claim of the Health Department, were inaugurated. It is impossible to determine with anything approaching exactness, what the actual practical value of this move was, since the first medical inspector, Dr. Booth-Clarkson, resigned, after a period of service of about 22 months, in order to take up other duties elsewhere, and the second officer, Dr. King Patrick, was not appointed until November, 1914. On April 6, 1916, the Governor-in-Council announced that he had decided to abolish the office of the Medical Officer for North Queensland from May 1, 1916. Thus, neither holder of the post had a sufficiently long reign to establish the practical value of the office. If the destruction of this defensive outpost is due to a desire to economize, it is the very worst form of false economy. If it is based on the better knowledge of Cabinet Ministers than their medical advisers, it is an instance of the dangers of untrained men determining the destinies of the health of nations. But whatever the cause of the retrograde step may be, it, together with the other acts of undoing the improving work of the Health Department, must be condemned. We cannot conceive that, if the administration of the public health were under one central authority for the whole Commonwealth, such action would have been possible.

THE CASE OF LIEUTENANT-COLONEL BARRETT.

About a year ago a series of very sweeping charges against Lieutenant-Colonel J. W. Barrett were made in five letters addressed by Lieutenant-Colonel Springthorpe to the Red Cross Council in Australia. In August, 1915, Mr. Jensen informed the House of Representatives that he had no information to give in connexion with the rumour that Lieutenant-Colonel Ramsay Smith, Lieutenant-Colonel J. W. Barrett and Matron Bell were being sent back to Australia on a charge of mismanagement. It appears

that the complaints regarding the management of the First Australian General Hospital at Cairo were addressed to Sir Alfred Keogh, who, with the consent of the High Commissioner, instituted an enquiry into the matter. It was agreed between the Army Council and the Commonwealth Government that the recommendation of the committee enquiring into the matter should be submitted to the latter. As a result of these recommendations, Lieutenant-Colonel W. Ramsay Smith and Matron Bell were recalled to Australia, but the nature of the charges made and of the evidence proffered in support of these charges has, as far as we are aware, never been made public. The case of Lieutenant-Colonel J. W. Barrett appears, however, to have been on a somewhat different footing. Lieutenant-Colonel Barrett, finding that his reputation was in danger, demanded a full and impartial enquiry. The matter was left in the hands of the British High Commissioner in Egypt, who selected Judge J. F. Kershaw, Colonel C. Manifold and Mr. F. T. Rowlatt to form a committee of enquiry. These gentlemen were eminently suited to weigh the evidence impartially and to arrive at an equitable and fair decision. They have now issued their report.

Lieutenant-Colonel J. W. Barrett has been completely exonerated. We offer him our sincere congratulations. The committee, in their report, point out that the charges may be grouped under six headings. There are those dealing with the direct responsibility of Lieutenant-Colonel Barrett; those associated with his conduct at the front; those associated with his actions on the troopships between the front and Alexandria; those connected with his duties at the hospitals; those connected with the transports journeying between Alexandria and Australia; and, lastly, those dealing with the question of funds. The committee find that Lieutenant-Colonel Springthorpe altered his position very considerably from that taken up in the letters. He appears to have dropped a number of the charges, including the charge that Lieutenant-Colonel Barrett had usurped control. The committee has expressed the opinion that Lieutenant-Colonel Barrett had the reputation of being an exceptionally capable man, and that he had been picked out by General Williams because of his capabilities. They have further expressed the opinion that the violence of Lieutenant-Colonel Springthorpe's criticism went far beyond moderation and beyond what the circumstances justified. They consider that Lieutenant-Colonel Springthorpe had a solemn duty, which he failed to perform. That duty was to have interviewed Lieutenant-Colonel Barrett, with the object of ascertaining the facts before any charges were made.

These deplorable incidents might have been prevented altogether had everyone serving at the time in Egypt recognized the one object which had impelled men to leave the Commonwealth for the scene of military activity. There appears to be no question whatsoever about the value and wholeheartedness of the services which Lieutenant-Colonel Barrett was rendering to the Empire. We must presume that the trenchant criticisms levelled against him had their origin in the desire to increase the efficiency of the Australian Army Medical Service. They were, however, peculiarly unfortunate in that they created disharmony where harmony was needed and discord when all units of the Empire should have been acting in unison in a great endeavour to achieve one purpose. The incident is now past history, and the Red Cross Society retains the valuable co-operation of Lieutenant-Colonel Barrett.

ANTERIOR POLIOMYELITIS.

The course of the epidemic in the country districts of New Zealand, to which reference was made in *The Medical Journal of Australia* on April 22, 1916, p. 345, is now approaching its termination. We pointed out that the city epidemic began to diminish about the beginning of March. A curve plotted with the number of cases in the abscissa and the days or weeks in the ordinate shows a steep, straight line up to February 26, and then a gradual rounding off of the curve until March 25. From thence onwards the line has remained horizontal.

In the case of the epidemic in the country districts, the curve has shown very little tendency to bend downwards from the straight line up to March 18. From this date onwards there has been an inclination toward a rounding off, which has become more and more marked each week. During the second half of April the curve shows a distinct approximation to the horizontal. It is therefore safe to anticipate that only a few isolated cases will be notified during the present month. The total number of cases in the country districts up to the end of April was 508. Up to April 15 there were 480 cases, with 33 deaths, which gives a mortality of 6.87%. The mortality among the first 268 patients was 10.41%. Similarly, the case mortality in the city fell off considerably toward the epidemic. The total number of cases was 176, and the mortality 9.09%. It is possible that, during the early stages of an epidemic, some of the milder cases may escape notification, and that in this fact the explanation of the diminishing mortality may be sought. On the other hand, it is not excluded that as the epidemic wanes the virulence of the causal organism may be diminished.

HOSPITAL FRIDAY IN NEW SOUTH WALES.

The usual Hospital Saturday Fund has changed its title this year, and was held in Sydney and elsewhere in New South Wales on Friday, May 12, 1916. A very large number of ladies in attractive garb lent their services to the fund, and by dint of pressing their attentions on all passers-by succeeded in amassing over £7,500 during the day. In addition, a cheque to the value of £6,884 6s. 11d., representing the proceeds of the Police and Firemen's Carnival, was handed in during the course of the day. The metropolitan and country contributions received up to May 15 totalled £20,692 15s. 11d., which compares very favourably with the total amount collected in the previous year, *viz.*, £9,214 6s. 2d.

After a hearing extending over a month, Dr. Ellerton, the Medical Superintendent of the Hospital for the Insane, Goodna, has obtained judgement for £3,000 general damages and £325 special damages in respect of a libel published in the *Brisbane Daily Mail*. We propose to publish a brief summary of the case in a subsequent issue.

Abstracts from Current Medical Literature.

MEDICINE.

(184) Cerebro-Spinal Fever.

E. C. Hort, C. E. Lakin and T. H. C. Benians believe that the theory that the meningococcus of Weichselbaum is itself the primary infective agent in the disease, epidemic cerebro-spinal fever, is not warranted by the evidence at present available. On the contrary, they conclude from the evidence obtained by themselves that the meningococcus is not itself the primary cause of the disease (*Journ. Royal Army Medical Corps*, February, 1916). They point out that Gram-negative cocci can be found within the cellular elements of the cerebro-spinal fluid withdrawn from many acute cases of the disease. Cultures of the meningococcus can be grown on suitable media inoculated with the deposit from the fresh spinal fluid in these cases. In a relatively small number of cases both microscopical examination and cultivation fail to demonstrate the presence of the cocci. The cerebro-spinal fluid has been held to be sterile in these cases. The authors state that such apparently sterile fluids yield abundant cocci lying both free and within the cells after incubation at 37° C. for some hours. The organisms observed do not retain Gram's stain. Cultures from these incubated fluids yield colonies showing all the characters of the meningococcus of Weichselbaum. In addition, they find in incubated fluids a pleomorphic organism, which they call the meningo-bacillus, Jaeger's diplococcus and a very minute Gram-negative organism of indeterminate morphology, which forms zoogloeic masses. Similar results have been obtained with the blood and urine from cases of the epidemic disease. Such organisms might be developed from a very few organisms present in the fluid missed by the usual methods of examination or from precursors of the organisms, which are not visible and not viable on artificial media. The authors have tested these suppositions by filtering the fluids through standardized filters. After filtration, the filtrates are incubated and then examined by cultivation and by microscopical methods. They find that micro-organisms are abundant in the incubated filtrates. These organisms are those mentioned above as being present in the incubated cerebro-spinal fluids, which appear to be sterile before incubation. These organisms have been investigated to determine their characters. As a result, the authors believe they have obtained evidence to suggest that the minute organism, which form zoogloeic masses, is a precursor of the meningococcus. The problem has been further investigated by the intra-peritoneal injection of rhesus monkeys. The authors find that the introduction of the cerebro-spinal fluid from acute cases of the disease does not cause any symptoms in the monkeys, beyond a slight and transient elevation of temperature. Emulsions of cultures of both meningococci and meningo-bacilli produce no considerable illness. The fresh filtrate from the fresh cerebro-spinal fluid derived from acute cases of the disease causes an intense febrile reaction in rhesus monkeys, and has led to a fatal result in one monkey. No examinations of the fluids of these monkeys have been made during life. At the post-mortem examination of the monkey that died, no meningitis was present. Fluid was, however, collected from the lateral ventricles. After incubation this fluid has shown both meningococci and meningo-bacilli. An emulsion of the meningo-bacillus isolated from this monkey produced no fever upon injection in massive dose into another monkey. The fresh filtrates that have been injected into the monkeys have been incubated, with the result that they teemed with organisms. When injected into monkeys after incubation their infectivity has disappeared. From these experiments the authors conclude that the infectivity to monkeys of cerebro-spinal fluid from acute cases of epidemic cerebro-spinal fever is in no way dependent on the presence of meningococci and meningo-bacilli. On the contrary, their experiments appear to indicate the presence in the cerebro-spinal fluid of a minute organism which is capable of passing through Chamberland F filter. This organism is highly infective, and is possibly the precursor of the meningococcus of Weichselbaum and the meningo-bacillus.

(185) Aseptic Meningitis after the Injection of Antitoxin.

A. T. Ingleton has examined the cerebro-spinal fluids of patients before and after the administration of antitetanic serum intrathecally (*Journ. Royal Army Medical Corps*, February, 1916). As the early treatment of cases of tetanus is required for success, many doubtful cases have been submitted to treatment when there has been no necessity. The routine practice for doubtful cases in a military hospital has been the administration of a general anæsthetic, spinal puncture and the injection of serum, containing 500 units of antitoxin, in the place of the spinal fluid removed. This procedure has been repeated in twenty-four hours if needed. In these doubtful cases the author has noted the appearance of spinal rigidity, which was at first regarded as confirmation of the diagnosis of tetanus. The subsequent histories of these cases have suggested that these signs have been due to spinal irritation, caused by the presence of the serum in the meningeal spaces. The author has examined the spinal fluid to see whether there have been signs of this effect. Before the injections the spinal fluid has been clear, sterile and free from cellular elements. Twenty-four hours after the injection the number of cells in the spinal fluid has averaged 400 per c.mm. Of these cells, 95% have been polymorphic, and the remainder lymphocytes: Cultivation, with or without preliminary incubation of the fluid, have been sterile. The author regards this condition as an aseptic meningitis.

(186) Polymorphous Leucopenia in Enteric Fever.

J. H. Austin and S. S. Leopold report the history of a case of enteric fever in which the characteristic blood change showed an extreme exaggeration (*Journ. Amer. Med. Association*, April, 1916). A man, aged 19 years, was admitted to hospital complaining of fever, headache and diarrhœa. On examination, the patient was found suffering from severe toxæmia, with great emaciation. The pulse was dicrotic. The posterior cervical and inguinal glands were somewhat swollen. The abdomen was distended and exhibited a few characteristic rose-red spots. The temperature ranged in the first twenty-four hours from 99.4 to 103.8° F., the pulse from 96 to 120, and the respirations from 24 to 28 per minute. The Widal reaction was strongly positive. Four days later a second Widal test yielded another positive result. Blood cultures were sterile, but the urine gave cultures which were identified as those of bacillus typhosus. The Wassermann reaction was negative. On the seventeenth day of the illness the leucocytes numbered 7,600 per c.mm. Of these leucocytes, 7,448 or 98%, were lymphocytes. On the twenty-third day of the disease the leucocytes numbered 11,900, of which 33% were polymorphous and 58% were lymphocytes. On the twenty-fifth day the leucocytes were reduced to 8,400, of which 58% were polymorphous and 39% lymphocytes. During the further course of the case the leucocytes varied from 6,100 to 15,900, with a range of polymorphs from 44% to 68%. The temperature reached normal by the fifty-first day. At the beginning the possibility of leukæmia was considered, but the history of the case rendered such a diagnosis untenable. An investigation was made to discover any drug or toxic substance to which the patient might have been subjected before admission, and which might have caused a destruction of the polymorphous cells, but this search was fruitless.

(187) Diphtheria Carriers.

Geiger, Kelly and Bathgate (*Journ. Amer. Med. Assoc.*, February 26, 1916) plead for the routine examination of the nasal mucus in the detection of diphtheria carriers. They have undertaken six series of investigations, in four of which cultures were taken both from the throat and from the nose. Positive results were obtained in 42.2% of the cultures made with nasal mucus, as compared with 7.9% made with faucial mucus. It thus follows that, had the throat alone been examined,

72% of carriers would have escaped detection. They also point out that the Schick test was used to distinguish between contacts and carriers without awaiting the completion of the incubation period. The test proved quite reliable, inasmuch as none of the carriers developed the diseases subsequently.

NEUROLOGY.

(188) The Physiological Significance of the Reflex Phenomena in Spastic Paralysis of the Lower Limbs.

F. M. R. Walshe (*Brain*, Vol. xxxvii., Part II., 1915) recorded an extended series of observations on the phenomena of spasticity, contracture, tendon-jerks, and reflex movements. He showed that reflex movements of the lower limbs in spastic paralysis were almost entirely movements of flexion (flexion including dorsiflexion of the hallux). These movements were parts of a whole, which he called the "flexion reflex of the lower limb," and it included the Babinski toe phenomenon. The "receptive field" of the reflex comprised practically the whole limb, but the sole of the foot was the most essential part. Stimulation of the sole evoked not only the Babinski toe phenomenon, but invariably a palpable and often visible contraction of more proximal limb flexors, notably the hamstring muscles as well. The flexion reflex was a defence reflex; concurrently therewith, inhibition of antagonists, and all the phenomena of reciprocal innervation arose. From the point of view of reflex movement there were two types of spastic paralysis: (1) "Paraplegia in extension," wherein extensor and flexor groups of muscles were both in a state of heightened reflex activity, and the lesion was cerebral or purely pyramidal; (2) "Paraplegia in flexion," wherein the flexors retained but the extensors lost their reflex activity, and the lesion was spinal. In "paraplegia in flexion," due to complete spinal transection, a minimal flexion reflex persisted on stimulation of the sole, and the condition was analogous to that of the hind limbs of the "spinal animal." (c.f. Sherrington's studies).

(189) Painful Forms of Peripheral Nerve Wounds.

Henry Meige and Madame Benisty (*Soc. de Neurol.*, Paris, 1915), from a wide experience of nerve wounds in the present war, found that pain followed in approximately one-third of all cases, and especially in lesions of the median and sciatic nerves. There were two types, an intolerable cutting pain confined to the palm of the hand or sole of the foot, and a neuralgic ache following the branches of the injured nerve. The pain supervened from 10 to 15 days after the wound, increased in intensity for weeks, and was as long in subsiding. Without denying the existence of an ascending neuritis, the authors favoured local, nutritional, vascular disturbance as cause of the pain. In treatment, cold, wet compresses gave great relief, but as these might occasion trophic changes, if overdone, foot and hand baths, and, later, massage under water, were recommended. The temptation to use opium had to be suppressed, and in diagnosis an eye kept open for malingerers.

(190) The Phenomenon of "Tonic Innervation" and its Relation to Motor Apraxia.

Kinnier Wilson and Walshe (*Brain*, Vol. xxxvii. Part II., 1915) understood tonic innervation or perseveration to signify inability, owing to a central lesion, to relax a given innervation in any muscular group or groups, *e.g.*, a patient with the left hand affected, on grasping an object, was unable to let go. They recorded three cases, in two of which tumours were found in the precentral region, involving the upper surface of the hemisphere. The volitional element was the disturbing element, and the symptom was aggravated by voluntary alteration; it was a psycho-motor defect. The cortico-spinal system for the limb was not functionally normal, but at the same time not greatly involved. The phenomenon was explained by a disturbance of reciprocal innervation in "willed" movements. "As the patient voluntarily contracts his flexors, active inhibition of the antagonists, viz., the extensors, take place; when next he would reverse the action, he is able voluntarily to innervate the extensors, but there is no corresponding inhibition of the flexors." This constituted the symptom.

(191) Epidemic of Poliomyelitis.

Paul B. Roth (*Roy. Soc. Med.*, 1916) reported cases of poliomyelitis arising in five small Oxfordshire villages which were widely scattered, hence direct infection was negatived. He considered that the first case was due to biting by infected *Stomoxys calcitrans* (the stable fly). This patient was then bitten by other stomoxys, which became infected, and were carried by horses or cattle to the other villages. The infective material was resistive to cold (laboratory experiments), and epidemics of the disease were most common in warm weather, synchronizing with the seasonal advent of the fly named. The disease had been transmitted from an infected to a healthy monkey by this fly, and it inhabited stables and cowsheds, bit horses, cattle and human beings, and was found in all countries where epidemics of poliomyelitis had arisen. A disease in the horse similar to poliomyelitis had been described.

(192) Optic Nerve in the Insane.

M. M. Canavan (*Journ. of Nervous and Mental Diseases*, March, 1916) has made a routine histological examination of the optic nerves of 58 persons who died insane in the Boston State Hospital. In 40 of the 58 cases there were obvious and important chronic changes in one or both optic nerves. In 13 of these cases the changes were unilateral, and in 27 they were bilateral. In the same series spinal cord changes were found in only 34 cases. In seven cases very slight changes were found in the spinal cord and none in the optic nerves. Eighteen of his patients had been syphilitic. Optic nerve changes were noted in 15 of these cases. In 12 there were spinal cord changes, and in 11 the changes demonstrated by the Weigert method were detected in both optic nerves and spinal cord. In one case the spirochaete was demonstrated by the Levaditi method in the pial sheath of the optic nerve. The nerve itself showed slight loss of nerve fibres. The case was regarded as one of general paresis, but was in all probability cerebro-spinal syphilis.

(193) Hallucinations in the Insane.

F. M. Harrison has selected from the hospital records in the Government Hospital for the Insane, Washington, a group of 514 cases, and has studied these records with a view to ascertaining the rôle of hallucinations in the various psychoses (*Journ. of Nervous and Mental Diseases*, March, 1916). Before proceeding to an analysis of the material collected, he reviews briefly some of the opinions expressed by older writers on this subject. In many cases he found that the medical certificate accompanying each patient was unreliable, and he was therefore compelled to examine the personality of each patient from the results of the routine mental examination. He found that in approximately 40% of the insane hallucinations are present. Hallucination forms the most common symptom in insanity. Auditory hallucinations are by far the most common. In over 50% these hallucinations are present alone, and in 90% they occur alone or combined with other hallucinations. The second most frequent form is auditory and visual, while visual hallucinations came next in order of frequency. He was forced to give up the attempt to classify the contents of the various hallucinatory perceptions, on account of their great variations. For example, hallucinations of hearing consisted of moanings, hissings, clanking of steam pipes, words, phrases, simple sentences, commands, abuses, music, etc., and the sounds came from all directions, caused various reactions, and were of all sorts and conditions of tone and character. Moreover, the contents were not characteristic for any particular psychosis. Visual disturbances were met with almost exclusively in the catatonic præcox group. In dementia præcox hallucinations were met with in almost every case. They were particularly rare in the manic depressive group. The author suggests that this fact may be of diagnostic importance. In arterio-sclerotic dementia and in senile dementia hallucinations were uncommon. The author maintains that hallucinations are rare in sane persons, even though they be of a psychopathic "make-up."

Medical Societies.

THE OPHTHALMOLOGICAL SOCIETY OF NEW SOUTH WALES.

The quarterly meeting of the Ophthalmological Society of New South Wales was held in the Sydney Hospital on May 3, 1916, Dr. J. C. Halliday, the President, in the chair.

A letter was received from the widow of the late Dr. Odillo Maher, acknowledging a letter of sympathy which had been forwarded by the Society.

Foreign Body in the Vitreous Successfully Removed.

Dr. Temple Smith showed for the second time a patient exhibited at the last meeting, with a fragment of steel within the vitreous. This had been localized by Sweet's localizer. The lens was opaque, and vision was hand movements.

Dr. Temple Smith described the removal of the foreign body as follows: A stitch was put in near the limbus, and by traction on this the globe was rotated towards the nose. An incision was made down to the sclera; by means of stitches the incision in Tenon's capsule was held open, and a radial incision was made in the sclera; the point of the hand magnet was introduced (the magnet being attached to the battery) without success. The magnet was then attached to the power current by means of a wall plug, and the foreign body was extracted at the first attempt. The localization was carried out by Drs. Ayres and J. G. Edwards with a Sweet's localizer. Not only was the situation indicated with perfect accuracy in the directions, but even the size of the foreign body (1 mm. × 2 mm.) proved to be correct. The wound was closed by conjunctival stitches, and only a bead of vitreous was lost.

Dr. Temple Smith asked the opinion of the members whether the cataract should now be dealt with or whether it should be left. If it were dealt with, should it be by needling or linear extraction, or by ordinary extraction? The age of the patient was 35 years.

Dr. Jones advised waiting until the cataract was more mature and harder, and then extracting in the ordinary way.

A discussion followed as to the various methods of supplying power to magnets, the voltage that magnets would stand and the relative attractability of large and small particles by means of a magnet.

Nævus of Conjunctiva.

Dr. D'Ombrain showed a case for Dr. Eric Pockley of *naevus of the bulbar conjunctiva* in a situation covered by the lower lid.

The opinion of the meeting was asked for as to whether the nævus should be dealt with or left alone.

Dr. Temple Smith mentioned a case of nævus of the lid and conjunctiva near the caruncle, which he had treated successfully by excision of the portion on the lid and ligature of the conjunctival portion. He advised ligature or electrolysis in this case.

Dr. Halliday suggested radium or cauterization.

Dr. Brearley suggested electrolysis.

Dr. Jones, Dr. D'Ombrain, and Dr. Guy Antill Pockley advised leaving it alone, unless it increased in size, as it was doing no harm and was not visible, owing to being covered by the lower lid.

Ptosis Cured by Hess' Operation.

Dr. D'Ombrain showed a case of congenital ptosis, in which he had performed Hess' operation with entirely satisfactory results.

Patient was a small girl with scarcely any action of the levator palpebra. He considered the unusual part of the operation was the insertion of the stitches very deeply; he had carried them down to the level of the periosteum of the frontal bone. The stitches were removed on the sixth day. The patient had a younger brother in a worse condition, with no action of the *levator palpebrae* and the most marked epicanthus he had ever seen, on which he proposed to operate in the future.

The members were unanimous in congratulating him on the successful result.

Dr. Jones stated that he was pleased to hear that the stitches could be taken out so soon and a successful result obtained. He had been in the habit of leaving them in for twelve days. He also considered it an improvement on Pannas' operation, as the epithelium on the buried flap was liable to proliferate and cause cyst-like masses resembling "cold abscesses."

Dr. Temple Smith considered that Everbusch's operation gave better results when there was definite action of the *levator palpebrae*, but thought that this operation was much more successful in such a case as this.

Primary Orbital Hydatid Removed by Krönlein's Operation, with Recovery of Vision.

Dr. Guy Antill Pockley showed a case of primary orbital hydatid of a male aged 31 years, who complained of failing vision for three months, "bulging forward" of the eye, and intermittent headache on the left side for a month previously. He thought this was connected with a blow he received 18 months ago over the orbital margin from a horse's hoof while shoeing it. This healed, but six months ago a small cyst-like lump, which could be moved with the finger, appeared above the upper margin of the orbit. This disappeared after about three months, and the vision immediately began to fail. General health and family history were good; there was no history of specific disease. There was definite proptosis on the left side, no pulsation, and no signs of fracture. The movements of the left eye were very restricted in all directions but downwards, in which they were normal; restriction to movement upwards was almost absolute. The pupils reacted to light. The right vision was $^6/_6$. The left vision was recognition of fingers at five feet. There was no diminution of cutaneous sensation in parts supplied by the fifth nerve. The left disc showed great engorgement of the veins, and a slight blurring of its upper margin. The rhinologist reported that the sinuses were clear. An X-ray examination was negative. The Wassermann reaction was also negative.

On general principle the patient was put on to iodide of potash, and kept under observation for about a fortnight. During this time the proptosis increased markedly. Blurring of disc by exudation became greater, and it extended to the nasal as well as to the upper margin. Movements of the globe became more restricted. Up to the day of the operation the loss of movement was absolute in the upward direction. There was very slight movement outwards, but on the morning of the operation the loss of movement was absolute in the outward direction, and there was slight movement upwards. On the strength of this, the diagnosis of a hydatid or other movable tumour was made. The left vision fell to hand movements, and retinoscopy showed an apparent hypermetropia in the affected eye of +6, but this correction did not improve the vision at all; it was ascribed to an artificial condition caused by pressure shortening the antero-posterior axis of the eyeball.

On March 25, 1916, under general anæsthesia, the orbit was opened by ablating the outer wall of the orbit after chiselling it through, according to Krönlein's method. The periosteum was opened, the external rectus divided, and a hydatid cyst, a little smaller than the globe itself, was removed from the nasal side of the optic nerve. It appeared to be entirely unattached to the surrounding parts. A good view of the orbital contents was obtained. The only difficulties were that caused by the tendency to oozing from the cut bone surfaces, and that of retracting the soft parts when chiselling through the bone from the orbital surface. The wound healed by first intention, but there was much effusion and exudation as the callus formed. For some days there was marked proptosis, and for a fortnight the external rectus, the cut ends of which had been carefully sutured, did not appear to have any power whatsoever. This was probably due to it being caught and matted up with the effusion from the retracted periosteum. The proptosis gradually diminished until it became scarcely appreciable. There was no diplopia except to the left of the middle line, and diplopia was lessening daily, and vision had improved until it had become $^5/_6$ partly unaided, and with a correction of +10.5 sph and +1 cyl. axis, vertical vision was $^6/_5$. The only thing noticeable by ophthalmoscopy was that the disc was slightly paler than in the right eye.

Dr. Pockley considered that the return of power to the external rectus would continue, and that in the near future the only sign of his trouble would be the line of the scar. The patient was exhibited at an early stage, as it was possible that he might not be obtainable for a subsequent meeting. The case had been reported to the Society because of its happy result as regards return of vision, and

as Dr. Pockley had never heard of a case of primary orbital hydatid removed by this method.

Dr. Jones remarked that the only previous case he had seen of orbital hydatid was one of a colleague at the Sydney Hospital, which had been under observation for ten years; and upon which originally an operation was commenced to remove the globe and orbital contents, but on making an incision, hydatid fluid gushed out. Since then several incisions had been made for removal of hydatid. The present condition was a blind eye pushed forwards and downwards by a hard mass above and behind it.

Dr. D'Ombrain had also seen the case to which Dr. Jones referred, and had an enlarged photgraph of it. He had promised to exhibit it.

Dr. Brearley was particularly interested, as he had a case with proptosed eye, and almost absolute central scotoma, but otherwise full fields. He has delayed decisive action for a month, as the Wassermann reaction was doubtful, and the skin supplied by supraorbital nerve is anæsthetic. He thought it might prove to be a gumma of the upper orbital wall.

Dr. Temple Smith thought that Krönlein's operation would be a much better method of attacking an orbital hydatid than any other incision. He also hoped that the case would be published on account of its rarity.

An Unusual Fundus Condition.

Dr. Guy Antill Pockley demonstrated an unusual condition of the fundus in a woman, aged 35 years, who had been married 15 years, and had no family. There had been no miscarriages. She complained merely of headaches intermittently for the last ten years. On examination there was found to be no refractive error or heterophoria; the disc appeared to be atrophic in its whiteness, and the vessels were many, but small. In and around the macular region was an area, which was a mass of small whiteish patches mosaic, the separate patches being densely outlined in black. This area was about 4 or 5 discs' width in diameter. More peripherally the disturbance, which appeared to be choroidal, was less marked, but there were a number of black masses of pigment in bone corpuscle-like form, somewhat resembling the condition in retinitis pigmentosa. However, there was no night blindness and no ring scotoma. Fields were full, and no scotomata could be found. The speaker stated that he had never seen such an appearance before, and was quite at sea as to what the condition was, whether it could have been acquired during life-time, or whether it was congenital. He asked the members for a diagnosis, and if possible a prognosis.

No member had ever seen a similar condition, or was able to give a name to the condition; but the concensus of opinion seemed to be that the condition must have been congenital.

Dr. Halliday thought that a painting should be made of the condition for record purposes, and Dr. D'Ombrain kindly consented to make a drawing, though he thought it would be a difficult case to portray.

Dr. Jones thought that the disc was white, but did not agree with Dr. Pockley as to the vessels being abnormally small.

Case of Organized Vitreous Hæmorrhage.

Dr. Guy Antill Pockley also showed a case with extensive organized hæmorrhage in the retina and vitreous. In one eye a strand ran from the nerve to the back of the lens, simulating a persistent central artery of the retina

Vossius' Ring-shaped Opacity of the Anterior Lens Surface.

Dr. Allan read notes of a case in which there had been a blow on the cornea, causing some hyphæma.

A couple of days later, when some of the hyphæma had absorbed and the pupil was dilated, there was a perfect impression of the back of the iris in ring-shaped form, and in the form of an apparent opacity made up of minute white dots on the anterior surface of the lens.

He had seen one previous case in the clinic of the late Mr. George Coates, of Moorfields' Hospital. Gifford, of Omaha, and Purtcher, of Kladenfurt, had reported a case each.

Vossius assumed that these ring opacities were due to the pupiliary margin of the iris being pressed against the anterior surface of the lens by the cornea; but in Gifford's case the change had been brought about by a glancing blow at the inner periphery of the anterior chamber, an injury which could not possibly have pressed the centre of the cornea against the iris. Gifford therefore accepted Hoeg's view, viz., that the ring was the result of sudden increase of pressure in the anterior chamber, which pressed the iris forcibly against the lens, and caused the ring opacities.

Purtcher had reported six cases, and held the opinion that many cases occurred, but were overlooked. He suggested that the sudden blow either drove the cornea backward, or the lens forward, according to the direction of action of the impinging force. In these cases the changes always disappear completely after a short time.

The members were much interested, and several recollected cases where, after trauma, there had been opacities on the anterior surfaces of the lens, which disappeared in a short time, though the name of the condition was new to the majority of those present.

Naval and Military.

In the 168th list of casualties, etc., issued on May 12, 1916, the announcement is included that Captain G. H. Vernon, A.A.M.C., is ill in hospital. In the 169th list, issued on May 15, 1916, the names of Captains J. H. Macarthur and C. H. Kellaway appear among the ill in hospital.

The following appointments and promotions have appeared in the *Commonwealth of Australia Gazette*, No. 56, under date of May 11, 1916:—

Army Medical Corps.

To be Major—

Captain H. J. Williams, Australian Imperial Force. Dated 17th April, 1916.

To be Major, with pay of Captain—

Honorary Major W. E. Davies, Australian Army Medical Corps Reserve. Dated 1st April, 1916.

To be Captains—

Captain (provisional) A. C. Fraser, Australian Army Medical Corps. Dated 1st March, 1916.

Captain (provisional) J. V. H. Guest, Australian Army Medical Corps. Dated 6th May, 1916.

Honorary Captain H. D. L. Murray, Australian Army Medical Corps Reserve. Dated 15th April, 1916.

Honorary Captain O. Leitch, Australian Army Medical Corps Reserve. Dated 26th April, 1916.

Honorary Captain E. G. Thomson, Australian Army Medical Corps Reserve. Dated 1st May, 1916.

Honorary Captain E. J. Savage, Australian Army Medical Corps Reserve. Dated 3rd May, 1916.

Honorary Captain F. W. Fay, Australian Army Medical Corps Reserve. Dated 14th April, 1916.

Honorary Captain T. W. Brown, Australian Army Medical Corps Reserve. Dated 15th April, 1916.

Honorary Captain W. B. Ryan, Australian Army Medical Corps Reserve. Dated 20th April, 1916.

Bertram Van Someren, Theodore William Van Epen and Paul Ernest Voss. Dated 1st March, 1916.

Edgar Noel Bateman. Dated 8th March, 1916.

Charles Henry Molloy, Charles Daubeny Bateman, Robert Marriott William Webster, Roger Forrest Hughes, Thomas Ross Jagger, and John Fortescue Grantley Fitzhardinge. Dated 1st April, 1916.

John Elder Butchart, Mervyn John Holmes, Francis Louis Trinea, Brian Hamilton Mack, and John Claude Moseley Harper. Dated 8th April, 1916.

Ewen MacKenzie, Stanley Vincent O'Regan, Austin Mahon, George Bell, and Norman Newnham Davis. Dated 18th April, 1916.

Ernest Spargo and John Cooper Booth. Dated 20th April, 1916.

Henry Gilbert. Dated 28th April, 1916.

Harold William Tilling. Dated 1st May, 1916.

Robert Trevor Fetherstonhaugh. Dated 2nd May, 1916.

Public Health.

THE HEALTH OF NEW SOUTH WALES.

The following notifications have been received by the Department of Public Health, New South Wales, during the month of April, 1916:—

Disease.	Metropolitan. 1916. Cs.	Dths.	1915. Cs.	Dths.	Hunter River District. 1916. Cs.	Dths.	1915. Cs.	Dths.	Remainder of State. 1916. Cs.	Dths.	1915. Cs.	Dths.	Total. 1916. Cs.	Dths.	1915. Cs.	Dths.
Enteric Fever	68	9	73	3	11	1	16	0	152	7	116	10	231	17	205	13
Scarlatina	206	0	415	2	19	0	61	0	318	1	264	0	543	1	740	2
Diphtheria	330	11	194	7	31	1	19	1	408	7	338	9	769	19	551	17
Cerebro-Spinal Meningitis	4	3	—	—	1	1	—	—	6	0	—	—	11	4	—	—
Infantile Paralysis	20	2	1	0	5	0	0	0	26	0	2	0	51	2	3	0
Pulmonary Tuberculosis	123	25	—	—	1	2	—	—	†	—	—	—	124	27	—	—
Malaria	1	1	18	0	0	0	1	0	0	0	4	0	1	1	23	0

THE HEALTH OF NEW SOUTH WALES.

The following notifications have been received by the Department of Public Health, New South Wales, during the week ending May 6, 1916:—

	Metropolitan Combined Districts. Cs.	Dths.	Hunter River Combined Districts. Cs.	Dths.	Remainder of State. Cs.	Dths.	Total. Cs.	Dths.
Enteric Fever	11	3	2	0	28	1	41	4
Scarlatina	53	0	0	0	97	1	150	1
Diphtheria	65	7	9	0	140	1	214	8
Cerebro-Spinal Meningitis	0	0	0	0	4	0	4	0
Infantile Paralysis	2	1	0	0	6	0	8	1
Pulmonary Tuberculosis	35	7	0	0	†	—	35	7
Malaria	1	0	0	0	0	0	1	0

† Notifiable only in the Metropolitan and Hunter River Combined Districts.

There were two cases of small-pox reported from Collarenebri during the week ending May 14, 1916.

THE HEALTH OF VICTORIA.

The following notifications have been received by the Department of Public Health, Victoria, during the week ending May 7, 1916:—

	Metropolitan. Cs.	Dths.	Rest of State. Cs.	Dths.	Total. Cs.	Dths.
Diphtheria	74	5	38	1	112	6
Scarlatina	14	0	23	0	37	0
Enteric Fever	4	0	14	0	18	0
Pulmonary Tuberculosis	27	8	12	3	39	11
Infantile Paralysis	2	0	3	0	5	0
Cerebro-Spinal Meningitis	8	0	7	0	15	0

INFECTIVE DISEASES IN QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending May 6, 1916:—

Disease.	No. of Cases.
Enteric Fever	28
Diphtheria	32
Scarlatina	6
Pulmonary Tuberculosis	7
Malaria	1
Dysentery	2
Infantile Paralysis	1

INFECTIVE DISEASES IN AUCKLAND.

The following notifications have been received by the Department of Public Health, Auckland, during the month of April, 1916:—

	City. Cases.	Suburbs. Cases.	Country Districts. Cases.	Total Cases.
Scarlatina	75	41	59	175
Diphtheria	6	11	29	46
Enteric Fever	15	4	39	58
Pulmonary Tuberculosis	3	4	15	22
Blood-poisoning	2	1	1	4
Infantile Paralysis	0	1	63	64
Cerebro-Spinal Meningitis	0	0	2	2

INFECTIVE DISEASES IN WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health, Western Australia, during the week ending April 29, 1916:—

Disease.	Perth. Cases.	Fremantle. Cases.	Rest of State. Cases.	Total. Cases.
Enteric Fever	5	1	6	12
Diphtheria	8	0	3	11
Scarlatina	0	0	1	1
Pulmonary Tuberculosis	3	2	2	7
Erysipelas	0	0	1	1
C'bro-Spinal Meningitis	1	0	1	2
Infantile Paralysis	0	1	1	2

INFECTIVE DISEASES.

The Bulletin of the Quarantine Service, dated April 28, 1916, contains the following information:—

Small-pox.

The last case of small-pox in New South Wales was reported at Newcastle on April 13, 1916. No cases have been reported recently in any other State of Australia.

In the Dutch East Indies, 115 additional cases of variola and 49 deaths have been reported. A Bill of Health issued at Hong Kong includes information concerning 15 cases, with 13 deaths. In the period from February 29 to March 20, 1916, there were 10 cases in the Straits Settlements, with two deaths.

Plague.

The number of cases of plague reported in India between March 5 and March 18, 1916, was 22,514. In the same period, 18,614 persons died of plague.

In Egypt there were 167 cases of plague, with 61 deaths, between February 18 and March 16, 1916. Nine cases were reported from Ceylon between March 5 and March 18, 1916. In Java, there were 112 cases, with 110 deaths, between February 12 and February 25, 1916. One case occurred in Singapore on April 19, 1916, and one in Mauritius between February 11 and March 16, 1916.

Cholera.

There were 35 additional cases of cholera, with 21 deaths, reported in the Dutch East Indies since the period dealt with in the last bulletin.

SCHOOL HYGIENE IN SOUTH AUSTRALIA.

Dr. Gertrude Halley, the Medical Inspector of School Children, has issued, as an appendix to the annual report of the Minister of Education, a report on the work accomplished in the Medical Branch of the Department during the year 1915. The account that she gives of the condition of the schools and of the school children, and the record of her single-handed attempt to cope with difficulties, to remedy defects and to recommend the best course for the improvement of the race reveal an earnestness and ability of no usual degree.

During the third year of the existence of the Medical Branch, Dr. Halley was able to control 19 schools, and, in the course of 194 visits, to inspect 4,447 children. This means that the average number of children inspected at each visit was just under 23. We have called attention in connexion with the medical inspection of schools in Queensland (see *The Medical Journal of Australia*, February 26, 1916, p. 193) to the disadvantage of requiring one inspector to deal with too large a number of school children. In spite of the fact that the number of schools visited was

small, the Department would be well advised if Dr. Halley were given sufficient assistance in order that at least 15 minutes could be devoted to each child and to enable the Branch to include every school in the State into the scope of its activities. Of the 4,447 children examined, 2,395 were found to have some slight defect. The defect in these cases was not sufficiently marked to interfere with the school work. In addition, 724 children had defects of a more serious nature. Notices were sent to the parents of each defective child, informing them of the nature of the defect and advising them to seek medical attention. A nurse was employed to follow up these defective children. When the parents neglected at first to take their children to a doctor, or to a hospital, the nurse was often successful in persuading them to do so. The staff is too small to enable this part of the work to be carried out with any degree of thoroughness, but it would appear as if remarkable success has been attained through the personal influence of the Medical Inspector and her nurse. Dr. Halley is alive to the fact that a medical department of the education authority has to look to causes in essaying to cope with physical defects. The medical inspection of the children reveals defects in the individual which can be dealt with by practitioners, either in private practice or in hospitals, and the duty of the education authority lies in persuading the parents to have treatment or remedies applied. On the other hand, she shows that many of the defects can be prevented by the action of the Department itself. She gives a highly interesting account of the effect of improper lighting and other faults in the schoolroom on the children's eyesight. She compares hygienically-constructed rooms, with good lighting and modern type of desks, with badly-planned rooms with deficient light falling from the wrong direction on to ill-constructed desks. In the good type of room, only 1.3% of the children had visual defects sufficiently severe to interfere with work, while in the badly-lit rooms, 3.12% of the children had similar defects of sight. In another school, in which the lighting is extremely bad, no less than 24.23% of the children had visual defects requiring immediate attention. Similarly, the incidence of scoliosis in the hygienic school was only 6.6%, as compared with 24% in the unhygienically-constructed and badly-equipped school.

Adenoid vegetations were more frequent in ill-ventilated schoolrooms than in hygienic rooms. It is recognized that improper ventilation and unhygienic surroundings tend to predispose children to inflammatory affections of adenoid tissue, and thus indirectly to hypertrophied conditions of the faucial and post-nasal tonsils.

These data justify Dr. Halley in urging for reform in the construction, lighting, ventilating and equipment of schools.

As a remedy for the overcrowding, which exists in many of the schools, she advocates the provision of temporary pavilions, which could serve as open-air schools and which are eminently suited to relieve the permanent schoolrooms of the excess of their inhabitants. In connexion with the scheme of open-air schools, she suggests the institution of one for delicate children in the Park Lands, or a few miles out in the country. The extraordinary success of open-air schools for tubercular children, for those convalescing from illness and for those weakened by removable causes, lends strong support to this claim.

A special chapter of the report is devoted to the question of the teeth of the children. In her inspection, she found that dental defects were present in 1,780, of whom 594 had decayed teeth capable of interfering with their general health. A perfectly healthy mouth appears to be exceptional, and very little attention is paid to the preservation of the teeth. Some conservative work is being done for the teeth of the high school pupils. The Inspector has introduced a tooth-brush drill. She recommends the establishment of a dental clinic in Adelaide, similar to the dental clinics in Sydney.

A very important matter is dealt with in connexion with the care of mentally defective children. Among the children examined 83, *i.e.*, 1.8% of the children, were below the average in mental capacity. There were four epileptics, but the intellectual, physical and developmental condition of these 83 children is not described. A recently-introduced legislative measure requires every parent of a mentally defective child to provide efficient and suitable education for the child. It appears that no provision exists in the whole State for the efficient and suitable education of these children. In the first place, it is essential that a proper classification of these children should be made. It is just as deleterious to place backward children with those handicapped by developmental defects, as it is to require the markedly defective child to mix with normal children. The presence of backward children in a class with normal children is bad for both, and should be avoided at all costs. Special classes for backward children necessitate the engagement of specially-trained teachers and the provision of special equipment. With Dr. Halley we urge the necessity of the establishment of a separate school for the proper education under suitable conditions of these mentally defective children. The school should be situated in an accessible situation, and the collaboration of a recognized neurologist should be secured. On the other hand, idiots, imbeciles and epileptics should be kept separated from the backward children. A great deal of valuable work can be accomplished among the feeble-minded and among those whose ability to learn is hampered by neglect, bad influence and bodily defects. Even those children, who are subjects of inherited defects, can be improved by suitable means. But all this requires expert handling, and, in the interests of the children themselves, and of the community generally, every effort should be made to bring the educational influence to bear at as early an age as possible. The fact that the feeble-minded so frequently swell the ranks of prostitutes at a comparatively early age is in itself a sufficiently powerful argument to induce the authority to gain control early.

During the year, no less than 4,030 cases of epidemic diseases occurred among the children. The majority of these were cases of measles. In spite of this large number, no school has been closed for more than a few days, to enable the officers of the Department to disinfect the rooms. In all, 150 separate rooms have been disinfected during the year. Diphtheria has occurred in several situations, but each outbreak has been stamped out rapidly. A new set of regulations has been issued for the better control of infective diseases.

University Intelligence.

THE UNIVERSITY OF SYDNEY.

A monthly meeting of the Senate of the University of Sydney was held on Monday, May 1, 1916, at University Chambers, Phillip Street, Sydney.

The following degrees were conferred:—

In Absentia.—Bachelor of Arts: Maise H. Asher, C. E. Bennett, Master of Surgery: P. E. Voss and C. W. Whiting. Bachelor of Enginering: R. C. C. Irving.

In Person.—Master of Arts: W. Lennard. Bachelor of Arts: S. J. G. Davis, B.Sc.

A letter was received from Sir Thomas Anderson Stuart, presenting two busts (male and female) of Tasmanian aborigines for the Museum of Anatomy. It was resolved that the gift be accepted with thanks.

On the recommendation of the Professor of Anatomy, the following were appointed Honorary Demonstrators for the year 1916: Dr. J. L. McKelvey, Dr. W. Brodie Grant, and Dr. J. G. W. Hill.

An invitation from the Massachusetts Institute of Technology to nominate a delegate for the opening of the new buildings of the Institute on June 14, 1916, was received. It was directed that a letter of thanks be forwarded, stating that the University was unable at the present time to appoint a representative.

On the recommendation of the Dean of the Faculty of Medicine, the following examiners were appointed for the conduct of the final degree examinations in June:—*Medicine*: Dr. Purser. *Surgery*: Dr. Binney. *Obstetrics*: Dr. MacCulloch. *Gynaecology*: Dr. G. Armstrong. *Clinical Medicine*: Dr. Gill, Dr. Gillies, Dr. Rennie and Dr. Jenkins. *Clinical Surgery*: Sir Herbert Maitland, Dr. Abbott, Dr. Dansey and Dr. Corlette.

On the recommendation of the Faculty of Science, Mr. C. E. Tilley, B.Sc., was awarded the John Coutts Scholarship.

It was resolved:—

That the regulations for 1915, which applied to students volunteering for active military or naval service

abroad, be continued for this year in the case of students of less than three terms' standing; and that individual applications from students of other years be considered on their merits by the Deans of the respective faculties, with the approval of the Warden.

The following examiners were appointed for the conduct of the forthcoming junior public examinations to be held in June next:—

History: Professor Wood, Mr. K. R. Cramp, M.A.
Geography and Geology: Acting Professor Cotton, Mr. W. R. Browne, B.Sc., Miss C. D. Smith, B.Sc., Mr. S. J. G. Davis, B.A., B.Sc.
English, French and German: Professor MacCallum, Assistant Professor Holme, Mr. J. le G. Brereton, B.A., Assistant Professor Nicholson, Mr. C. J. Brennan, M.A., Mr. P. R. Watts, B.A., LL.B.
Greek and Latin: Professor Woodhouse, Professor Butler, Assistant Professor Todd.
Mathematics: Professor Carslaw, Mr. R. J. Lyons, B.A., Mr. E. M. Wellisch, M.A.
Chemistry: Professor Fawsitt, Mr. E. le G. Brereton, B.Sc.
Physics: Acting Professor Vonwiller, Mr. A. B. B. Ranclaud, B.Sc.
Botany: Professor Lawson, Mr. J. McLuckie, M.A., B.Sc.
Physiology: Sir Thomas Anderson Stuart, Assistant Professor H. G. Chapman.
Drawing: Professor Warren, Mr. W. A. Miller, B.Sc., Miss Ethel Stephens.
Music: Mr. H. R. MacLean, Mr. E. P. Truman.

Obituary.

JOHN ALEXANDER CAIRNS PENNY.

It is with great regret that we have to record the death of Dr. J. A. C. Penny, of Maryborough, Queensland, which took place on April 18, 1916. Dr. Penny had been in ill-health for several months. His condition became alarming on April 13, when he was admitted into the Gayndah Hospital. He became comatose shortly after admission, and remained in this condition until his death.

John Alexander Cairns Penny was born in Dublin in 1855. He studied medicine at Trinity College, Dublin, and distinguished himself by securing a medal in clinical surgery. In 1881 he obtained the diplomas of the Colleges of Surgeons and Physicians of Ireland. After qualifying, he served as House Surgeon at the Richmond Hospital, Dublin, and later became Prosector in the Anatomical School of the College of Surgeons. Before leaving Ireland as surgeon in the Allen Line of steamships, he held a resident appointment at the Pigeon-House Fort Hospital. In 1886 he settled in Maryborough, having secured the position of medical referee to the A.M.P. Society. For many years he held the position of Government Medical Officer. Two years after his arrival in Queensland he entered the Naval Brigade, with the rank of lieutenant. In 1910 he was promoted to the rank of staff surgeon. It is said that his keenness, efficiency and example did much to strengthen the position of the local division of the Naval Brigade in Maryborough.

Dr. Penny received a very severe blow in January, 1916, by the sudden death of his wife, who collapsed while bathing and died within a short time. He leaves two sons, the younger of whom has recently completed his course of training at the Commonwealth Military College, Duntroon. The authorities accorded him full naval honours at his funeral. Dr. Penny was extremely popular in Maryborough, and had earned the reputation of being a skilful and wise practitioner. His colleagues had a warm affection for Dr. Penny, and he was held in high esteem by a large number of friends and acquaintances.

Correspondence.

WHITE AUSTRALIA POLICY.

Sir,—The devotees of the cult of race purity have not the courage of their convictions, and prefer to remain silent. It is now necessary, in the interests of Australian development, to inquire into the credibility of the authorities responsible for their faith. These authorities are fairly represented by Prof. Karl Pearson, their high priest, and Mr. Houston Stewart Chamberlain, their prophet. Of them it may be stated that no two men have so clearly demonstrated the menace of the academic mind. They achieved eminence, one in mathematics, and the other in scholarship. Knowledge giving them power, they aspired to still greater power, and undertook to lead their fellows along the paths of scientific research, with the result that they both proclaimed race purity and the ascendancy of the white man. The evil that men do is difficult to estimate. The extent of the evil that these two men have done in exciting the present catastrophe, which has over-run Europe, can never be known. Their fellows can only accept it as part of the scheme, and forgive them, for they knew not what they did.

Prof. Pearson devotes himself to the latest scientific craze, eugenics. By a series of permutations and combinations of the mystic symbols of his craft, he obtains the triumphant conclusion that the white man can be evolved from the black, but never a black man from the white. With due regard to Dr. Merrilees' antipathies and his charge of tactlessness, Prof. Pearson could have asserted as much of black and white pigs, without any detriment to the pork or to the prejudice of a black pig's intelligence. Yet it is sufficient evidence for Prof. Pearson to demand race purity. But it is enough said that his contributions to biological science may be found in scientific libraries neglected and unread.

Mr. Houston Stewart Chamberlain is an Anglo-Saxon blend, who returned to the home of his Teutonic ancestors, where he fell down and worshipped them and then took up a brief for the Teuton or white man. Surrounding himself with numberless tomes, he proceeded on his pilgrimage with the aid of an armchair, and succeeded in discovering that the white man had invaded every area at one time in its history wherein the blend dwelt, and claimed that their progress was entirely due to its Teutonic alliance.

Concerning Holy writ, he assures us that Galilee was the resort of aliens and Jewish outcasts, and out of this Eastern slum quarter came Christ, a Teutonic blend. Goliath was a trusting Teuton brave, and David a little, wiley half-breed, who took advantage of the man's simplicity to slay him. Mr. Chamberlain might have gone further in his researches and claimed Moses, for Michel Angelo represents him as a curly-headed giant. Even the incidents of the garden of Eden could have been described as a Teutonic invasion. Certainly, the first fruits of miscegenation were eminently satisfactory. Tubal Cain was an artificer in metals and an inventor of musical instruments.

Concerning secular history, Mr. Chamberlain was surprised to find that Germany's earliest poets had black hair, dark eyes, and he might have added pigmented skins. Because of his physiognomy, Dante is claimed to be a Teuton, and as much could be said of Julius Cæsar and Rameses the Great. He declares that Judaism, Christianity, Greek art, Roman law and the Renaissance were the work of the Teuton. But he despises *en masse* the Jew, Greek and Roman past and present. They are accounted to be the debased product of an unholy alliance.

While this fateful and tragic misrepresentation of the truth astounds, it is still more amazing that the gospel of race, according to Pearson and Chamberlain, should have been accepted by all who regard themselves as self-respecting white men.

Though Prof. Pearson's contributions to science are unreadable to any but the elect, his oracular statements have been accepted as evidence of a consummate intelligence, and in this instance gratifying to the pride and prejudice of the white man.

The complacency of the white man has had a shock in seeing himself revealed by the dreaded Teuton as he is—and still more is that complacency confounded when it must be admitted that Mr. Chamberlain has been unable to trace the slightest evidence, except one doubtful instance, that entitles the Teuton or white man to any special regard. His researches establish one fact—the ascendancy of the blend; and only in the blend has humanity made good.

The doubtful instance referred to is the legendary Achillean hero, Siefried, a Mendelian blond, who has been deified in poetry and glorified in music. More truly is he a poet's creation, but the poets were blends and Wagner a Jew-blend.

As Mr. Chamberlain failed to appreciate the importance of race union, he despised the combine, and found no hope for the black man. He did not see that it was in the emotional nature of the one and the capacity for practical expression in the other that made progress possible, and that in the four great divisions of human energy, as represented by the priest, artist, ruler and scientist, standards had to be erected. These could only have been evolved by the combinations that determined them, and for which the price was paid.

In Religion.—Man in adversity takes to religion. Judaism is the product of adversity, and out of its depth arose Christianity. What people like the Jew has given the soft answer and turned the other cheek or returned good for evil and forgiven their enemies seventy times seven? Yet, what race has done more for the uplifting of humanity? It gave western civilization its ideals.

In Art.—Man is compelled to use art in some form to express his emotions. The highest expression of art is revealed in the beautiful, for which the world gives honour to the Greeks B.C. Usually, art societies are not the abodes of peace and goodwill. They live in their emotions, and so did the Greeks. They confounded their philosophies and confused their politics, but they ever remained true to the beautiful in art.

The Renaissance.—The Romans enslaved men, black and white; and when the empire fell before the hordes of white men a period of blending ensued, modified and adjusted by successive invasions till a people arose chastened by adversity, and fulfilled their mission by taking to religion and art.

In Law.—Roman law was the result of the predatory instincts of the Romans. On the principle that there is honour among thieves, the right of possession had to be accepted for the maintenance and security of society. Roman law has become the basis of all law throughout the civilized world. The nations to-day have not got much beyond its first precepts. It is still "catch as catch can," and when you have caught enough, take to religion and respectability. Possession gives you all the points of law but one, and the one is to allow the dog above you to eat you if he can. Good citizenship now, as in the days of Rome, means obey the law, amend the law, but never rebel. To "render unto Cæsar . . ." is arbitrary but necessary.

In Science.—There is no need to dwell upon the relation of science to art. Science is the province of the intellect. The black man lives in his emotions. The white man has been compelled to use his intellect, to help him supply his physical wants. The blend has used his intellect, not only to supply his wants but to express his emotions and to pursue knowledge in the interests of truth and justice. There is no truth more evident than that in race union alone can man, both black and white, be justified.

Yours, etc.,

M.B. (Melb.).

May 10, 1916.

DENGUE FEVER.

Sir,—In reference to your sub-editorial on dengue fever in your issue of May 6, based upon the proceedings of the last meeting of the Pathological Club, may I point out, as indicated by Dr. Bradley and myself, that our investigations were then—and still are—in progress, and that no final conclusions have as yet been drawn by us. At the meeting of the club the opportunity was taken of detailing the progress made at that time in our work, the objects at which we were aiming, and the reasons for our various procedures. We desired to make these known to the members of the club, and, in fact, to all medical men and scientists interested in the question, in the hope that criticisms and suggestions might follow, which might help to clear the issues involved. We believe, in the interest of the advance of knowledge, in working openly at any problem before us, making freely known to those interested the stage to which we have progressed and the hypotheses guiding us, whether such openness—such full "showing of our hand"—loses us priority or not. As we individually progress in knowledge by stages, one step leading to another, so does science as a whole, and the more freely the stages of work are ventilated the more rapid will be the advance. These motives actuated us in detailing our progress and making known our views. May I therefore ask you, sir, and your readers, to reserve final criticism till our completed results are made available, meanwhile helping us as far as lies in your and their power to make the conclusions as complete as possible. Such final conclusions will, I trust, be as sound as the data before us warrant, and, as has been our practice hitherto, fully established facts will be distinguished from opinions based on probabilities or hypotheses founded on possibilities.

Yours, etc.,

J. BURTON CLELAND.

(Undated.)

THE DUTY OF PRACTITIONERS.

Sir,—Of late some of the members of the North-Eastern Medical Association have shown a want of interest in the affairs of the Association, which has expressed itself in many directions. For example, we are endeavouring—at the third attempt—to hold our annual general meeting on May 17. Certainly a few members have been lost owing to the war, but there still remain ample to obtain the necessary quorum. Three meetings per annum are held, and surely it is not too much to expect members who reside in towns containing two or more medical men to arrange for their particular town to be represented at a meeting. It would mean about one attendance per member per annum if representation were arranged on a basis of rotation of attendance. This would also exclude the possibility of a meeting being held in the particular town in question.

Again, some members have alienated respect by ignoring reciprocal arrangements formulated to help fellow practitioners during the war emergency. Enemy subjects are now reposing in internment camps for less heinous offences.

Our division was formerly noted for its excellent attendance at meetings, and its vigour as a legislative pioneer. Our late president, until his departure for the war, attended practically every meeting since the inception of the division, although one of the busiest practitioners in New South Wales. He never seemed to be "too busy."

Problems of weighty importance may need discussion at any time. The best way for members to assist the Council in the solution of those problems, and incidentally safeguard their own interests, is to be represented at division meetings. It would lead to a better understanding of current events, increase professional knowledge, be an encouragement to those members who accept office, and certainly tend to lessen a good deal of irresponsible criticism of the Council and N.S.W. Branch.

Yours, etc.,

May 7, 1916. "N.E.M.A."

THE WOOLWICH CHEMICAL COMPANY.

Sir,—We have heard on most reliable authority that it is rumoured that the Woolwich Chemical Company is about to cease operations. I take this opportunity through your journal of stating that this rumour is absolutely untrue. The Woolwich Chemical Company's ether and collodion are now well established on the Australian and New Zealand markets, as emphasized by the fact that this company's ether is used at the following hospitals: Royal North Shore, Royal Prince Alfred, St. Vincent's, Lewisham, Mater Misericardiæ, Royal Hospital for Women, Newcastle, Balmain, Broken Hill, Wagga, Royal Alexandra Hospital for Children, all hospitals connected with the Melbourne Hospital Board of Supplies. These hospitals, to our knowledge, use Woolwich Chemical Company's ether, and as we supply large quantities of ether to wholesale houses throughout the Commonwealth and New Zealand, numerous other hospitals are doubtless using the same. At the present time we are duplicating our plant, in order to meet a constant, increasing demand.

Yours, etc.,

BASIL TURNER,
For the Woolwich Chemical Company.

83 Pitt Street, Sydney,
May 15, 1916.

THE STAMPING OF LODGE RECEIPTS.

Sir,—I find that many medical officers of New South Wales Friendly Society Lodges are unaware of the fact that it is not necessary to put a duty stamp on a Lodge

account when receipting it. For their information I quote a ruling which I have in writing, signed by the New South Wales Commissioner of Stamp Duties:—

"Under Section 29 of the Friendly Societies Act, No. 31, 1899, a receipt given by or to a registered Society or Branch thereof, in respect of money payable by virtue of its rules, is not chargeable with stamp duty."

Yours, etc.,

C. H. E. LAWES.

Petersham, N.S.W.,
May 13, 1916.

Proceedings of the Australasian Medical Boards.

VICTORIA.

The following have been registered under the provisions of the "Medical Act, 1915," as duly qualified medical practitioners:—

Cowen, Stewart Osburn, M.B. *et* Ch.B., Melb., 1916.
James, Frederic Hobart, M.B. *et* Ch.B., Melb., 1916.
Phillips, Isabella Ada, M.B. *et* Ch.B., Melb., 1916.
Thwaites, Alexander Hopkins, M.B. *et* Ch.B., Melb., 1915.
Cooper, Florence May, M.B. *et* Ch.B., Melb., 1916.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xv.

Texas District Hospital, Queensland, Medical Officer.
Brisbane Hospital, Resident Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Department of Public Instruction—New Appointments as Medical Officer, Ophthalmic Surgeon, Ear, Nose and Throat Surgeon, Physician. Australian Natives' Association. Balmain United F.S. Dispensary. Canterbury United F.S. Dispensary. Leichhardt and Petersham Dispensary. M.U. Oddfellows' Med. Inst., Elizabeth Street, Sydney. Marrickville United F.S. Dispensary. N.S.W. Ambulance Association and Transport Brigade. North Sydney United F.S. People's Prudential Benefit Society. Phœnix Mutual Provident Society. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Orange. F.S. Lodges at Parramatta, Penrith, Auburn, and Lidcombe. Newcastle Collieries — Killingworth, Seaham Nos. 1 and 2, West Wallsend.
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Brisbane United F.S. Institute. Laidley Hospital, Medical Officer.
WESTERN AUSTRALIA. (Hon. Sec., 230 St. George's Terrace, Perth.)	Swan District Medical Officer. All Contract Practice Appointments in Western Australia.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	The F.S. Medical Assoc., Incorp., Adelaide.
NEW ZEALAND: WELLINGTON DIVISION. Hon. Sec., Wellington.)	F.S. Lodges, Wellington, N.Z.

Diary for the Month.

May 25.—S. Aust. Branch, B.M.A., Branch.
May 26.—N.S.W. Branch, B.M.A., Branch.
May 30.—N.S.W. Branch, B.M.A., Medical Politics Committee, Organization and Science Committee.
May 31.—Vic. Branch, B.M.A., Council.
June 2.—Q. Branch, B.M.A., General.
June 7.—Vic. Branch, B.M.A., Branch.
June 9.—S. Aust. Branch, B.M.A., Council.
June 9.—N.S.W. Branch, B.M.A., Clinical.
June 13.—Tas. Branch, B.M.A., General.
June 13.—N.S.W. Branch, B.M.A., Ethics Committee.
June 14.—South Sydney Med. Assoc (N.S.W.).
June 15.—Vic. Branch, B.M.A., Council.
June 20.—N.S.W. Branch, B.M.A., Executive and Finance Committee.

EDITORIAL NOTICES.

The following journals are missing from the Library of the Victorian Branch of the British Medical Association. The Librarians will be indebted to any member who will give or sell any or all of the numbers.

Lancet, October 3, 1914, and May 29, 1915.
Edinburgh Medical Journal, December, 1915.
Universal Medical Record, May, 1914, title page and index of Part I., 1914, January, 1915.
Annals of Surgery, May, 1909, April, August, October, 1911.
Glasgow Medical Journal, October, 1912.
Birmingham Medical Review, January, July, 1903, November, 1904, March, 1911, August, October and December, 1912, and title page and index, Parts I. and II., 1912, January and February, 1913, April, May and November, 1914, title page and index, Parts I. and II., 1914, January and April, 1915.

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney, New South Wales.